



Related Medlearn Matters Article #: MM3696

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Influenza Treatment Demonstration

Key Words

Influenza, Demonstration, HCPCS, Prophylactic, MM3696, CR3696, MA, AWP, HHA, Co-payment, Beneficiaries

Provider Types Affected

Physicians, Providers, Suppliers

Key Points

- The effective date of this instruction is December 1, 2004.
- The Influenza Treatment Demonstration project:
 - Will measure the impact of providing coverage for certain antiviral drugs to treat and/or prevent influenza.
 - Does not cover anti-viral drugs for general prophylactic use.
 - Will include dates of service through May 31, 2005.
- Certain anti-viral drugs will be covered under this demonstration when furnished:
 - To a beneficiary with symptoms of influenza;
 - As a prophylaxis for a beneficiary exposed to a person with the diagnosis of influenza; or
 - To a beneficiary in an institution where there has been an outbreak of influenza.
- Drugs included in this demonstration include:
 - Amantadine Hydrochloride, Oral;
 - Zanamivir, Inhalation Power Administered through Inhaler;
 - Oseltamivir Phosphate, Oral; and
 - Rimantadine Hydrochloride, Oral
- Drugs must be furnished incident to a physician or prescribed by a physician.

- Claims for drugs must be filed no later than December 31, 2005.
- Physicians, providers, suppliers that enroll in Medicare before May 31, 2005 may also file claims for drugs furnished under this demonstration for dates of service beginning when the provider or supplier completes enrollment.
- The Medicare co-payment and deductible apply to claims under this demonstration and includes Medicare Advantage (MA) beneficiaries.
- Beneficiaries participating in the Drug Discount Card program will pay the lesser of 20 percent of the negotiated Drug Discount Sponsor's price for anti-viral medicines, plus \$.20.
- Allowable payment for demonstration drugs will be:
 - Based on 95 percent of the Average Wholesale Price (AWP) for the brand name of Zanamivir and Oseltamivir Phosphate
 - For drugs marketed as bioequivalent or generics (Amantadine and Rimantadine), the allowed amount will be based on 90 percent of AWP.
- Entities to be paid on a basis other than 90 percent or 95 percent of AWP are:
 - Indian Health Service (IHS) hospitals
 - IHS Critical Access Hospitals (CAHs)
 - Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
 - Maryland hospitals under the jurisdiction of Health Services Cost Review Commission (HSCRC)
- Allowable HCPCS codes/charges for duration of demonstration are:
 - G9017: Amantadine Hydrochloride, Oral, per 100 mg, (for use in a Medicare-approved demonstration project), \$0.76
 - G9018: Zanamivir, Inhalation Powder Administered Through Inhaler, per 10 mg, (for use in a Medicare approved demonstration project), \$5.43
 - G9019: Oseltamivir Phosphate, Oral, per 75 mg, (for use in a Medicare-approved demonstration project), \$6.99
 - G9020: Rimantadine Hydrochloride, Oral, per 100 mg, (for use in a Medicare-approved demonstration project), \$1.65
 - G9033: Amantadine Hydrochloride, Oral, brand, per 100 mg (for use in a Medicare-approved demonstration project), \$1.32
 - G9034: Zanamivir, Inhalation Powder Administered Through Inhaler, brand, per 10 mg, (for use in a Medicare-approved demonstration project), \$5.43
 - G9035: Oseltamivir Phosphate, Oral brand, per 75 mg, (for use in a Medicare-approved demonstration project), \$6.99
 - G9036: Rimantadine Hydrochloride, Oral brand, per 100 mg, (for use in a Medicare-approved demonstration project), \$2.17

- Claims for drugs furnished under this demonstration may be submitted by the following enrolled Medicare providers:
 - Hospitals including CAHs,
 - Skilled nursing facilities (SNFs),
 - Renal dialysis facilities (RDFs),
 - Comprehensive Outpatient Rehabilitation Facilities (CORFs),
 - Home Health Agencies (HHAs) and by
 - Enrolled physicians, other practitioners, or other suppliers authorized under State law to dispense these drugs
- Providers, physicians, other suppliers must follow customary Medicare billing and claims processing rules, except as noted below:
 - An entity possessing a supplier number issued by National Supplier Clearinghouse (NSC) must bill a DMERC having jurisdiction for the location of a beneficiary's permanent residence.
 - Hospitals (other than Indian Health Service (IHS) hospitals, IHS-CAHs, Maryland hospitals as noted above, and hospitals which do not have supplier number issued by NSC) must bill the appropriate DMERC using CMS-1500 or the electronic equivalent.
- Other institutional providers, not possessing NSC-issued supplier number, must bill the Fiscal Intermediary (FI) on CMS-1450/ UB-92 or the electronic equivalent.
- All physicians, practitioners, and other suppliers, not possessing a NSC-issued supplier number, must submit claims to their local area carrier using CMS-1500 or the electronic equivalent.
- HHAs should follow billing requirements already in place for vaccines when billing for these drugs as specified in Pub. 100-4, Chapter 18, Section 10.2.3, which may be accessed at:
http://www.cms.hhs.gov/manuals/104_claims/clm104index.asp
- All institutional providers billing their FI must submit separate claim for these drugs.
- Roster billers submit claims in accordance with instructions specified in Pub.100-4, Chapter 18,Section 10.3, except:
 - HCPCS Codes G0008, G0009, 90657, 90658, 90659, and 90732 should not be reported on the same roster bill under demonstration;
 - An administration fee will not be paid for drugs administered under the demonstration;
 - Roster billers must bill different dates of service, dosages, codes, and quantities on different roster or claims forms; and
 - Payment may be made for MA beneficiaries under the demonstration and such claims should be reported to the provider's regular carrier or intermediary.

- Medicare Advantage (MA) plans, if enrolled in fee for service billing, must bill for these items using their normal procedures for billing for Medicare FFS items and services. Providers and suppliers may submit claims for MA beneficiaries to their normal FI or carrier.
- A chart explaining how to do calculations to determine a co-payment amount for Drug Discount Card participants is on page 8 of MM3696.
- A chart will be updated monthly and is available on the web at:
<http://www.cms.hhs.gov/researchers/demos/flu>
- No deductible will apply to claims from Federally Qualified Health Centers (FQHCs).

Important Links

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/MM3696.pdf>

http://www.cms.hhs.gov/manuals/pm_trans/R136CP.pdf